FORM B10 (Official Form 10) (Rev. 4/98) United States Bankruptcy Court 61288, Houston TX 77208	OUTHERN DISTRIC (Houston Divi:	CT OF TEXAS P.O.Box sion)			
Name of Debtors		Case Number			
_x_Stage Stores, Inc., a Delaware corporation Specialty Retailers, Inc., a Texas corporation Specialty Retailers, Inc. (NV), a Nevada corporation		00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-24995 Creditor ID#: United States Bankruptcy Court United States Bankruptcy Court Southern District of Texas FILED		
*place an "x" beside the name of the Debtor you are filing a claim against			SEP 1 9 2000		
Name of Creditor (The person or other entity to version or property):  Houston Bookbinding Co	vhom the debtor owes	Check box if you are aware that anyone else a filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	Michael N. Milby, Clerk		
Name and address where notices should be so the second statement of the second		Check box if you have never received any notices from the bankruptcy court in this case			
317 Allen Genoa Rd   Houston TX 77017-3402 	1,1,,,,,	Check box if the address differs from the address on the envelope sent to you by the court.			
Account or other number by which creditor ide	riously filed claim, dated:				
1. Basis for Claim  X Goods sold  Services performed  Money loaned		Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (Fill out below) Your SS#:			
Personal injury/wrongful death Taxes Other		Unpald compensation for services performed from to (date)			
2. Date debt was incurred: 05	5/03/00	3. If court judgment, date of	otained:		
4. Total Amount of Claim at Time Case Filed:  If all or part of your claim is secured or entitle  Check this box if claim includes interest of additional charges.	d to priority, also complet or other charges in additio		Attach itemized statement of all interest or		
5. Secured Claim.  Check this box if your claim is secured by right of setoff).	/ collateral (including a	Amount entitled to priority \$  Specify the priority of the claim:  Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11  U.S.C. § 507(a)(3)  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).  Up to \$1,950° of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).  Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).  Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).  Other ~ Specify applicable paragraph of 11 U.S.C. § 507(a).			
Brief Description of Collateral: Real Estate Motor Vehicle Other All personal and intangible prope  Value of Collateral: \$	rty of Debtor's Estate				
Amount of arrearage and other charges <u>at tir</u> secured claim, if any \$	· · · · · · · · · · · · · · · · · · ·				
<ol> <li>Credits: The amount of all payments on this class the purpose of making this proof of claim.</li> <li>Supporting Occuments: Attach copies of notes, purchase orders, invoices, itemized statements tourt judgments, mortgages, security agreements, DO NOT SEND ORIGINAL DOCUMENTS. If the description. If the documents are voluminous, attach as a contract of the comments are voluminous, attach as a contract of the comments.</li> </ol>	f supporting documents, such onts of running accounts, cont and evidence of perfection of locuments are not available, summary.	h as promissory tracts, of lien.	This Space Is for Court-Use Only		
9. Date-Stamped Copy: To receive an acknown enclose a stamped, self-addressed envelope and control of the contr		ur Gillii,			
(attack copy of power of attorne		ner person authorized to file this claim  y Gayle Ray	1657		
	<i>t claim:</i> Fine of up to \$500,00	00 or imprisonment for up to 5 years, or both	ı. 18 Ų.S.C. §§ 152 and 3571.		

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## Houston Bookbinding Company, Inc.

317 ALLEN GENOA •

HOUSTON, TEXAS 77017C

TEL: (713) 477-4200 FAX: (713) 477-3569



ACCOUNT NUMBER	SALESPERSON	PURCHASE ORDER NUMBER	HBC JOB NUMBER	SHIPPED VIA
0004502	MW	MARIA KINZER	088379	OUR TRUCK

SOLD TO

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Thalais Royal
Attn: Expense A/P Dept
P.O. Box 35719
Houston TX 77235-5719

Thalais Royal

BHIPPED Training Dept.

10201 Main

LAttn: Maria Kinzer.713-669-2642

QUANTITY	DESCRIPTION	DATE SHIPPED	PRICE	AMOUNT
1 1 1	160 TABS (20 OF 8) 250 TABS (50 OF 5) 450 TABS (50 OF 9)	5/3/00 5/3/00 5/3/00	\$82.40 \$80.00 \$123.00	\$82.40 \$80.00 \$123.00
	TERMS: N30	SHIPPING/HANDLING SUBTOTAL TAX TOTAL		\$0.00 \$285.40 \$23.55 \$308.95